

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF SINDY J. BATTISTA	COURT CASE NUMBER 05-11456-DPW
DEFENDANT KATHLEEN M. MARTIN, Director of Health Services	TYPE OF PROCESS Civil
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Department of Correction - Health Services Division
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 50 Maple Street - Suite 3, Milford, Mass. 01757-3698

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Sandy J. Battista, #M-15920 Inmate Trust Unit Center 200 Administration Bldg. Milford, Mass. 02221-3222	Number of process to be served with this Form - 285 1
	Number of parties to be served in this case 6
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Defendant is the current Director of Health Services for the Mass. Department of Correction. Alternative service made to directed upon defendant Kathleen M. Dennehy's current address of employment.

Signature of Attorney or other Originator requesting service on behalf of: <i>Sandy J. Battista</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER N/A	DATE 7/19/05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk <i>Kathy Jalvarez</i>	Date 7/26/05
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>Cile Ryan, Clerk</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above) 12 Administration Rd Bridgewater, MA.	Date of Service 8/9/05
	Time 9:35 am
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee 90.00	Total Mileage Charges (including endeavors) 21.17	Forwarding Fee —	Total Charges 111.17	Advance Deposits —	Amount owed to U.S. Marshal or —	Amount of Refund —
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REMARKS:

① 8/8 attempted @ Milford would not accept service CB
② serve at 12 administration road Talbot Bldg. Bridgewater
Cile Ryan Clerk 12 Admin Bldg.

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

J 440 (Rev. 10/93) Summons in a Civil Action

UNITED STATES DISTRICT COURT

District of

Massachusetts

Sandy J. Battista,
v. Plaintiff

SUMMONS IN A CIVIL CASE

Kathleen Dennehy, et al
Defendants

CASE NUMBER: CA. 05-11456-DPW

TO: (Name and address of Defendant)

Susan J. Martin, Director of Health Services
Dept. of Corr. - Health Services Division
50 Maple Street - Suite 3
Milford, Mass. 01757

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Sandy J. Battista, Pro Se #M-15930
Mass. Treatment Center
30 Administration Rd.
Bridgewater, Mass. 02324-3230

an answer to the complaint which is herewith served upon you, within 20 days after service of summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken as to the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within the period of time after service.

Sarah A. Thornton
CLERK

Rebecca Greenberg
(By) DEPUTY CLERK

DATE

7/13/05



RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE 8-05-2005
NAME OF SERVER (PRINT) Thomas Bezanson	TITLE Supervisory Deputy U.S. Marshal

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the third-party defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____
- ☒ Other (specify): Cile Ryan, Clerk
12 Administration Rd.
Bridgewater, MA

STATEMENT OF SERVICE FEES

LEVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

8/9/05
Date

Signature of Server

UNITED STATES MARSHALS SERVICE
HAROLD D. DONOHUE FEDERAL BLDG.
595 MAIN STREET
WORCESTER, MA 01608